|  | PATENT   | OR   | ORD 10809598                    |                             |                     |                  |          |                                     |                 |          |   |                        |  |  |  |  |  |  |  |  |  |  |
|--|--|--|---------------------------------|-----------------------------|---------------------|------------------|----------|-------------------------------------|-----------------|----------|---|------------------------|--|--|--|--|--|--|--|--|--|--|
|  | CLAIMS AS FILED - PART I (Column 1) (Column 2)                         |  |                                 |                             |                     |                  |          | SMALL<br>TYPE                       |                 | OR       | -   | THAN<br>ENTITY         |  |  |  |  |  |  |  |  |  |  |
|  | TOTAL CLAIM  | S  | 10                              |                             | <u>.</u> .          |                  |          | RATE                                | FEE             | <u>ר</u> | PATE  | FEE                    |  |  |  |  |  |  |  |  |  |  |
| FOR  |  |  | NUMBE                           | A FILED                     | NUM                 | BER EXTRA        | 7        | BASIC FE                            | E 385.00        | OR       | BASIC FEE   | 770.00                 |  |  |  |  |  |  |  |  |  |  |
| 11_  | TOTAL CHARGE   | ) @ minus 20=                              |                                 | •                           | 1                   | 1.               | X\$ 9=   | 1                                   | OR              | X\$18=   |   |                        |  |  |  |  |  |  |  |  |  |  |
|  | NDEPENDENT (   | CLAIMS                                     | minus 3 =                       |                             | •                   | 7                | 7        | X43=                                | <del> </del>    | 7        | Vec   |                        |  |  |  |  |  |  |  |  |  |  |
| 1  | CULTIPLE DEPE  | NDENT CLAIM F                              | RESENT                          |                             |                     |                  | 1        | A-13-                               |                 | -JOR     | A05=  |                        |  |  |  |  |  |  |  |  |  |  |
| <b> </b>   | If the difference in column 1 is less than your control of             |  |                                 |                             |                     |                  | J .      | +145=                               |                 | OR       | +290=   |                        |  |  |  |  |  |  |  |  |  |  |
|  | If the difference in column 1 is less than zero, enter "0" in column 2 |  |                                 |                             |                     |                  |          | TOTAL                               |                 | ]OR      | TOTAL   | 770                    |  |  |  |  |  |  |  |  |  |  |
|  | (  | CLAIMS AS /                                |                                 |                             | EAITITM             |                  | OTHER    |                                     |                 |          |   |                        |  |  |  |  |  |  |  |  |  |  |
| AMENDMENT A  |  | (Column 1)                                 | T                               | (Colum                      | EST                 | (Column 3        | 1        | SMALL                               | ADDI            | OR<br>1  | SMALL   | ADDI-                  |  |  |  |  |  |  |  |  |  |  |
|  |  | REMAINING<br>AFTER<br>AMENDMENT            |                                 | PREVIO<br>PAID F            | USLY                | PRESENT<br>EXTRA |          | RATE                                | TIONAL          |          | RATE  | TIONAL<br>FEE          |  |  |  |  |  |  |  |  |  |  |
|  | Total  | 10   | Minus                           | 1- 7                        | 0                   | - 1              |          | X\$ 9=                              | 1               | OR       | X\$18=  |                        |  |  |  |  |  |  |  |  |  |  |
| A  | Independent  | . 0  | Minus                           |                             | 3.                  | =                | ]        | X43=                                | 1               | OR       | X86=  |                        |  |  |  |  |  |  |  |  |  |  |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                         |  |                                 |                             |                     |                  | <b>]</b> |                                     |                 |          |   |                        |  |  |  |  |  |  |  |  |  |  |
|  |  |  |                                 |                             |                     |                  | I        | +145=                               | <b></b> _       | OR       | +290=   |                        |  |  |  |  |  |  |  |  |  |  |
|  | (Column 1) (Column 2) (Column 3)                                       |  |                                 |                             |                     |                  |          |                                     | L               | JOR .    | ADDIT. FEE  |                        |  |  |  |  |  |  |  |  |  |  |
| 6  |  | CLAIMS                                     |                                 | (Colum                      | ST                  | (Column 3        | 'nг      |                                     | ADDI-           | 1 1      |   | 485                    |  |  |  |  |  |  |  |  |  |  |
| AMENDMENT I  |  | REMAINING<br>AFTER<br>AMENDMENT            |                                 | PREVIO                      | USLY                | PRESENT<br>EXTRA |          | RATE .                              | TIONAL          |          | RATE  | ADDI-<br>TIONAL<br>FEE |  |  |  |  |  |  |  |  |  |  |
| Ş  | Total  | . 10                                       | Minus                           | 1-2                         | 0                   | • /              |          | XS 9=                               |                 | OR       | X\$18=  |                        |  |  |  |  |  |  |  |  |  |  |
| AME  | Independent  | · a  | Minus                           |                             | }                   | = / .            | ]        | X43=                                | · · · · ·       |          | X86=  |                        |  |  |  |  |  |  |  |  |  |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                         |  |                                 |                             |                     |                  |          |                                     |                 | OR       |   |                        |  |  |  |  |  |  |  |  |  |  |
|  |  |  |                                 |                             | ,                   |                  | L        | +145=                               |                 | OR       | +290=   |                        |  |  |  |  |  |  |  |  |  |  |
|  | _  |  |                                 |                             |                     | •                | A        | TOTAL<br>DDIT. FEE                  |                 | OR ,     | TOTAL<br>LODIT. FEEL  |                        |  |  |  |  |  |  |  |  |  |  |
| _  |  | (Column 1)<br>CLAIMS                       |                                 | (Columi                     |                     | (Column 3)       |          |                                     |                 |          |   |                        |  |  |  |  |  |  |  |  |  |  |
| AMENOMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT            |                                 | PAID FO                     | ER<br>JSLY          | PRESENT<br>EXTRA |          | RATE                                | ADDI-<br>TIONAL |          | PATE  | ADDI-<br>TIONAL        |  |  |  |  |  |  |  |  |  |  |
| Ş  | Total  | . 18                                       | Minus                           | - 20                        |                     | -                | 1        | X\$ 9=                              | FEE             |          |   | FEE                    |  |  |  |  |  |  |  |  |  |  |
| BE   | Independent  | • 2  | Minus                           | <b></b> ₹                   |                     | <del>. / -</del> | 1  -     |                                     |                 | OR       | X\$18=  |                        |  |  |  |  |  |  |  |  |  |  |
| 4  | FIRST PRESE  | NTATION OF MU                              | LTIPLE DEF                      | PENDENT C                   | LAIM                |                  | 1        | X43=                                |                 | OR       | X86=  |                        |  |  |  |  |  |  |  |  |  |  |
| * If the entry in column 1 is less than the entry in column 2, write '0' in column 3.  ** If the "Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter '20."  ** If the "Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter '20."  ** OR ** TOTAL**  OR * |  |  |                                 |                             |                     |                  |          |                                     |                 |          |   |                        |  |  |  |  |  |  |  |  |  |  |
| -  | i the "Highest Nun   | NDer Previously Pai<br>Noer Previously Pai | d For in this<br>id For in this | S SPACE & II<br>S SPACE & I | ess than<br>ess man | 20, enter 20.    | . ~      | TOTAL<br>DDIT. FEE<br>of in the app | ·               |          | TOTAL<br>DOT. FEE L   |                        |  |  |  |  |  |  |  |  |  |  |
| ٠.   | PTO-RTS (Pay 10)   |  |                                 |                             |                     |                  |          |                                     | ·               | ٠.       | The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                        |  |  |  |  |  |  |  |  |  |  |

Application or Docket Number